



Research and Theory

Inclusion of Religious Behaviors and Attitudes in Counseling: Expectations of Conservative Christians

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In this study of 118 religiously conservative Christians' expectations of counseling, participants were randomly assigned to 1 of 2 treatment conditions: a Christian counselor or a counselor whose religious beliefs were unknown. Participants rated their expectations for the counselor's attitude toward their religious beliefs and use of religious behaviors in counseling using the Behavior and Attitude Expectancies scale (C. Belaire & J. S. Young, 2002). Participants also rated their general expectations for counseling using the Expectations About Counseling: Brief Form (H. E. A. Tinsley, 1985). Results showed that participants expected both a Christian counselor and a counselor whose religious beliefs were unknown to be respectful and accepting of conservative Christian religious beliefs and values and to include multiple religious behaviors in counseling sessions. Participants had overall positive expectations of the counseling process.

There are approximately 49.5 million conservative Christians in the United States who are members of approximately 100 conservative denominations (Lindner, 2000). In fact, the conservative Christian denominations in the United States have grown steadily and rapidly since the 1960s and have surpassed the growth rates of all other Protestant groups as well the growth rate of the Catholic Church in the United States. Conservative denominations include those labeled as being both "evangelical" and "fundamental" and are known for their (a) moral teachings, (b) experiential faith, (c) reliance on the authority of the Bible, (d) focus on the importance of a conversion experience, and (e) belief in salvation through a personal commitment to Christ. Although conservative Christians have been shown to have rates of mental health problems comparable with the general population (King, 1978), research has found that conservative Christians hesitate to seek counseling from a counselor who does not label him- or herself a "Christian counselor" and often drop out of counseling early when they work with a secular counselor (i.e., one not labeled a Christian counselor; King, 1978; Larson, Donahue, Lyons, & Benson, 1989; Lovinger, 1979; Worthington, 1988). Furthermore, conservative Christians often lack confidence in professional counselors (Miller & Eells, 1998) and tend to

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be underserved by professional counselors in many traditional settings (Larson et al., 1989; Worthington, 1988). What is less clear is the nature of the barriers that prevent conservative Christians from fully using counseling services.

Numerous strategies have been suggested that might help bring about a more positive outcome for Christian clients once they decide to seek treatment. These strategies include the following: (a) The counselor should be sensitive to the spiritual and religious concerns and beliefs of clients (Beutler, Crago, & Arizmendi, 1986; Bishop, 1992; Ingersoll, 1994; Worthington, 1988), (b) the counselor should not attempt to label religious beliefs as part of the problem or challenge clients' religious beliefs (Worthington & Scott, 1983), and (c) the counselor should incorporate spiritual and religious behaviors (i.e., praying with clients, using scripture, and involving clergy) into counseling sessions (Ball & Goodyear, 1991; Bergin, 1988; Frame & Williams, 1996; Georgia, 1994; Ingersoll, 1994; Magaletta & Swartz, 1995; Moon, Bailey, Willis, & Kwasny, 1993; Stander, Piercy, Mackinnon, & Helmeke, 1994; Worthington, 1990). Support for the inclusion of religious behaviors in counseling sessions when working with highly religious individuals was offered by Belaire and Young (2002) when they found that a sample of highly religious Christians expected significantly more religious behaviors in counseling sessions than did moderately religious Christians. Yet this finding is controversial because many secularly trained counselors are hesitant to behave in an overtly religious manner, thereby avoiding the inclusion of behaviors and attitudes that are important for clinical success.

It is known that all clients enter counseling with preconceptions about what counseling will be like, about their role in the counseling process, and about the behaviors and attitudes of the counselor (H. E. A. Tinsley & Harris, 1976). Research has established that an individual's preconceptions of counseling affect both the process and outcome of counseling (H. E. A. Tinsley, Bowman, & Barich, 1993; H. E. A. Tinsley, Brown, De St. Aubin, & Lucek, 1984; H. E. A. Tinsley & Harris, 1976; H. E. A. Tinsley, Tokar, & Helwig, 1994; Worthington, Dupont, Berry, & Duncan, 1988; Yanico & Hardin, 1985). Specifically, expectations about counseling may affect an individual's (a) decision to enter counseling (H. E. A. Tinsley et al., 1993; H. E. A. Tinsley et al., 1984; Yanico & Hardin, 1985), (b) choice of counselor (H. E. A. Tinsley et al., 1984; Tinsley, 1982), (c) decision to remain in counseling (H. E. A. Tinsley et al., 1993), (d) attitude about the effectiveness of counseling (H. E. A. Tinsley et al., 1993), (e) communication processes within counseling (Apfelbaum, 1958; Frank, 1968; A. P. Goldstein, 1962; A. P. Goldstein, Heller, & Sechrest, 1966), (f) client self-disclosure (Apfelbaum, 1958), and (g) both the clients' and counselors' roles and behaviors throughout the process (Bordin, 1955; Patterson, 1958; Robinson, 1950; Rosenthal & Frank, 1956; Strong, 1968; H. E. A. Tinsley & Harris, 1976). How expectations affect conservative Christians' involvement in counseling is unclear.

Researchers have studied Christians' (members of both mainstream and conservative denominations) expectations of counseling when faced with Christian and non-Christian counselors; however, results have been inconclusive (Belaire & Young, 2002; Godwin & Crouch, 1989; Guinee & Tracey, 1997; Keating & Fretz, 1990; McCullough & Worthington, 1995; Morrow, Worthington, & McCullough, 1993; Pecnik & Epperson, 1985; Worthington & Gascoyne, 1985).

Some studies have found that Christian individuals prefer Christian counselors (Bergin, 1980; Keating & Fretz, 1990; King, 1978); however, other studies have failed to replicate these results, raising the question whether Christians always prefer Christian counselors (Haugen & Edwards, 1976; Netzkzy, Davidson, & Crunkleton, 1982). A factor that may account for these mixed findings is that all the previous studies except one used convenience samples of undergraduate college students to examine Christians' expectations of counseling. The one study that drew a sample from both a student population and an adult population from churches found that the adult group held significantly more negative anticipations for counseling than did the college student group (Keating & Fretz, 1990). Furthermore, these studies focused on counselors who were identified as "Christian" or "non-Christian." However, it is unlikely that in the real world a counselor would label himself or herself "non-Christian"; therefore, the applicability of these results is questionable.

For this reason, the current study was designed to examine conservative Christians' expectations that specifically religious behaviors and attitudes would be included in counseling sessions on the basis of the perceived religiosity of the counselor (i.e., a Christian counselor or a counselor whose religious beliefs were unknown). The issue of how age might affect conservative Christians' expectations of counseling has not been addressed in the previous literature. Furthermore, we investigated the issue of general expectations among conservative Christians to determine how their preconceived general expectations would be affected by the counselors' perceived religiosity. The specific research questions for this study were

1. What are the expectations of conservative Christians regarding the counselor's religious behaviors and attitudes?
2. Is there a difference among conservative Christians in their expectation that religious behaviors and attitudes will be included in the counseling session, depending on whether the counselor is Christian or a counselor whose religious beliefs are unknown?
3. Is there a difference in overall expectations of counseling (in terms of scores on the Personal Commitment, Facilitative Conditions, and Counselor Expertise subscales) among conservative Christians with a Christian counselor or a counselor whose religious beliefs are unknown?

Method

Participants

Participants in the study were 118 adults who were members of conservative Protestant denominations in southern Louisiana. To ensure that participants did have a conservative Christian orientation, respondents answered two items of conservative religious beliefs taken from the General Social Survey (Davis & Smith, 1986) and used as a religious measure by Bartkowski and Wilcox (2000). Only individuals who answered either *agree* or *strongly agree* on the 5-point, Likert-type scale for either of the two questions were included as participants. Among the participants, 92% ($n = 109$) strongly agreed and 8% ($n = 9$) agreed with the statement, "[T]he Bible is God's word and everything happened or will happen

exactly as it says." Eighty-seven percent ($n = 103$) of the sample strongly agreed and 13% ($n = 15$) agreed with the statement, "[T]he Bible is the answer to all important human problems."

The mean age of participants was 49 years ($SD = 16.68$), with a range of 23 to 83 years. The sample consisted of 42% men ($n = 49$) and 53% women ($n = 63$). Six respondents (5%) failed to indicate their sex. The sample was composed of 79% ($n = 93$) Caucasian participants, 20% ($n = 24$) African American participants, and 0.8 % ($n = 1$) American Indian or Alaskan Native participant.

Churches from which participants were drawn ranged in size from approximately 100 members to 2,000 members. The church affiliations for respondents were (a) Baptist, 72% ($n = 85$); (b) Church of Christ, 20% ($n = 23$); (c) Church of God, 5% ($n = 6$); (d) Pentecostal, 3% ($n = 3$); and (e) other, 0.8% ($n = 1$). In general, respondents participated in church services frequently. Twenty-three percent ($n = 27$) of the respondents attended services once a week or less, 60% ($n = 70$) participated in church services two or three times a week, and 17 % ($n = 20$) of the sample participated in church services more than three times a week. (One participant did not respond to this question.)

Treatment Conditions

We created two descriptions of a counselor to serve as the experimental treatment conditions for the study. The descriptions were designed to vary on one dimension only: information pertaining to the religious beliefs of the counselor. Both descriptions provided basic information, including licensure status and employment setting, about the counselor. One description explicitly stated that the counselor was a "Christian counselor," whereas the other stated that the participants had no knowledge of the counselor's religious beliefs. To ensure that the counselor descriptions were equivalent, three counselor educators reviewed them, and we made minor adjustment based on feedback. The descriptions of the counselors appeared as follows:

Dr. Smith is a licensed professional counselor who is employed by Smith and Associates Counseling Center. You have no knowledge about Dr. Smith's religious beliefs. We would like to know just what you think counseling will be like. On the following pages are statements about counseling. In each instance you are to indicate what you expect counseling to be like.

Dr. Smith is a licensed professional counselor who is employed by Smith and Associates Counseling Center. Dr. Smith is a Christian counselor. We would like to know just what you think counseling will be like. On the following pages are statements about counseling. In each instance you are to indicate what you expect counseling to be like.

Instruments

Behavior and Attitude Expectancies (BAE). The BAE is a 24-item scale developed by Belaire and Young (2002) from the available literature to measure respondents' expectations of a counselor in demonstrating behaviors and displaying attitudes that are sensitive to the beliefs and practices of Christians. A thorough review of the literature revealed a set of 18 behaviors that are helpful to conservatively religious clients when used by mental health professionals. The 18 behaviors, in conjunction with Worthington and Scott's (1983) six negative anticipations about coun-

seling, were used to formulate the BAE. Items are placed on a 7-point, Likert-type scale, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), and scores can range from a low of 24 to a maximum of 168. The items are prompted with "I expect the counselor to." Examples of the statements are "Pray with me," "Have differing beliefs than I do," "Use scripture," and "Have an open attitude toward religion." The scale was originally conceptualized as consisting of two factors (behaviors and attitudes); however, factor analysis carried out on the responses of 100 participants yielded one factor for the BAE. Reliability for the BAE was determined by Cronbach's alpha to be .88. To further examine the reliability of the BAE, a test-retest reliability study with 15 individuals was conducted with a 4-week interval between administrations, yielding a correlation of .84, suggesting that the instrument has sufficient test-retest reliability.

Expectations About Counseling: Brief Form (EAC-B). The EAC-B is a shortened form of the Expectations About Counseling (EAC) questionnaire developed by H. E. A. Tinsley, Workman, and Kass (1980). H. E. A. Tinsley (1982) revised the scale to create a brief form (EAC-B), which consists of 66 items and uses the same 7-point, Likert-type scale, ranging from 1 (*not true*) to 7 (*definitely true*), as the EAC. The internal consistency alpha values for the EAC-B scales range from .69 to .82, with a median alpha of .76. Test-retest reliability data range from .47 to .87, with a median score of .71. H. E. A. Tinsley judged the EAC-B to have sufficiently acceptable internal consistency and test-retest reliability for research use. With a correlation of .85, the EAC-B correlates highly with the original EAC. The EAC-B is preferred over the original EAC because of the acceptable reliability and the decreased time it takes the respondent to complete the instrument. Results of studies confirm the construct validity of the instrument (Hayes & Tinsley, 1989; D. J. Tinsley, Holt, Hinson, & Tinsley, 1991). Three factors have been confirmed by two separate factor analyses (D. J. Tinsley et al., 1991; H. E. A. Tinsley et al., 1980) and are used in the present study. These factors (and the corresponding subscales) are Personal Commitment (involving what would happen throughout the counseling process; i.e., "I expect to take psychological tests"), Facilitative Conditions (involving what their role as clients would be like; i.e., "I expect to take responsibility for my own decisions"), and Counselor Expertise (involving what the counselor's role would be like; i.e., "I expect the counselor to explain what's wrong").

Demographic information. The demographic portion of the data collection asked participants to provide information regarding (a) age, (b) sex, (c), ethnicity, (d) frequency of participation in religious services, (e) past participation in counseling, (f) preference for Christian or secular counseling, (g) self-reported measures of reliance on religion for daily decision making, (h) church affiliation, and (i) conservative religious beliefs.

Procedure

Prior to contact with participants, a contact person (i.e., pastor or church leader) from each of the churches signed a written permission form to allow data collection at that site. The surveys were administered in Bible classes, devotionals, and other religious meetings. Individuals who agreed to participate were randomly assigned to one of the two treatment conditions and completed

all instruments (BAE, EAC-B, and demographic information) at one time. Participants completed a total of 191 surveys; however, 73 surveys were excluded from use in the present study due to (a) previous counseling experience ($n = 58$), (b) answering the conservative religious questions outside of the given range ($n = 5$), or (c) failure to complete screening items ($n = 10$).

Results

We conducted examinations for group differences based on sex, race, age, and denomination to ensure that random assignment created no differences between the treatment groups. No differences were found by sex, age, or denomination; however, a difference in assignment by race was found, $\chi^2 = 5.8, p = .016$. A slightly higher proportion of Blacks were assigned to the treatment group in which the counselor was identified as Christian.

The first research question looked at conservative Christians' expectations of behaviors and attitudes of counselors. Means and standard deviations for the BAE are presented in Table 1. In general, the means of all the items were high, indicating that this sample of conservative Christians expected these behaviors and attitudes to be present in counseling.

We performed a multiple analysis of variance to address the second and third research questions regarding whether differences existed in the participants' expectations (a) of the inclusion of religious behaviors and attitudes and (b) of counseling. The independent variable was the treatment condition (Christian counselor or counselor whose religious beliefs were unknown). The dependent variables were the score on the BAE and the scores on the three EAC-B subscales. The scores were transformed because of the negatively skewed distribution on the dependent variables. The results indicated no statistically significant differences between the treatment conditions on any of the dependent variables, $F(3, 113) = 1.37, p > .05$. (See Table 2 for descriptive statistics by treatment group.)

Analyses of items from the demographic questionnaire revealed that 87% ($n = 105$) of the participants strongly agreed, 8% ($n = 9$) agreed, and 2% ($n = 2$) neither agreed nor disagreed with the statement, "If in the future I attend counseling, I would prefer working with a Christian counselor." Furthermore, the participants indicated reliance on resources available within the church community such as reading Christian self-help books (53%), listening to Christian psychologists and counselors on radio programs (36%), and attending organized Christian support groups (e.g., life groups, women or men groups; 36%).

Discussion

We examined the expectations of conservative Christians regarding the inclusion of religious behaviors and attitudes in the counseling session. Conservative Christians in this sample expected both the Christian counselor and the counselor whose religious beliefs were unknown to exhibit religious behaviors in the counseling session. Specifically, respondents expected either type of counselor to use religious examples, stories, or parables; to pray with them; and to use scripture in counseling, because items measuring each of

TABLE 1
Descriptive Statistics for Items on the Behavior and Attitude
Expectancies Scale

Description	<i>M</i>	<i>SD</i>	Median	Mode
Use religious language	4.43	2.15	5	7
Use religious examples, stories, or parables	5.00	1.95	6	7
Pray with me	5.53	2.02	7	7
Have different religious beliefs than I do	3.02	2.00	3	1
Challenge my religious beliefs	2.00	1.81	1	1
Focus on my spiritual growth	4.48	2.10	5	5
Be familiar with my religious practices and beliefs	4.80	2.19	5	7
Ignore my religious beliefs	1.53	1.33	1	1
Use scripture	5.03	2.13	6	7
Refer me to clergy for religious issues	4.56	2.43	5	7
Address religious issues in counseling	4.00	2.17	4	1
Treat my religious beliefs and experiences as a problem	1.53	1.18	1	1
Give homework using scripture	3.72	2.12	4	1
Involve my minister/pastor in counseling	4.08	2.34	4	1
Try to change my religious beliefs	1.36	1.18	1	1
Tell me about his or her own religious beliefs	2.91	2.03	2	1
Integrate religion into my treatment	4.85	1.95	5	7
Recommend behaviors or solutions that I consider immoral	1.49	1.16	1	1
Respect my religious autonomy	6.26	1.32	7	7
Be accepting of my religious beliefs and practices	5.53	1.91	6	7
Have an open attitude toward religion	5.08	2.08	6	7
Have a negative attitude toward religion	1.30	0.99	1	1
Assume that I share values of nonreligious people	1.63	1.31	1	1
Doubt the usefulness of learning from God through prayer and scripture	1.42	1.31	1	1

these behaviors received a mean rating greater than 5 (*agree*) on the 7-point Likert scale. These results are similar to the findings of Belaire and Young (2002), who found that among a sample of 100 highly and moderately conservative Christians, highly conservative Christians expected even a non-Christian counselor to use more religious behaviors in the counseling session than did moderately

TABLE 2
Descriptive Statistics for the EAC-B and BAE Scores by Treatment Condition

Scale	Christian Counselor		Religious Beliefs Unknown	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
EAC-B				
Personal Commitment	5.33	0.93	5.47	1.09
Facilitative Conditions	5.65	0.82	5.73	1.04
Counselor Expertise	6.96	1.75	7.60	1.69
BAE	122.04	18.83	120.16	21.75

Note. EAC-B = Expectations About Counseling: Brief Form; BAE = Behavior and Attitude Expectancies scale. There were 55 participants in the Christian counselor treatment condition and 63 participants in the counselor whose religious beliefs were unknown treatment condition. The scores on the Personal Commitment and Facilitative Conditions subscales were transformed to meet the normality assumption for a multiple analysis of variance; however, in this table the scores are reported in their original form.

conservative Christians (scores of $M = 72.02$ and $M = 68.05$, respectively, on the Religious Behaviors subscale of the BAE).

The findings of the current study, in conjunction with those of Belaire and Young (2002), suggest that conservative Christians may desire that any counselor (i.e., Christian counselors, non-Christian counselors, or counselors whose religious beliefs are unknown) incorporate religious behaviors into the counseling session. This finding supports Worthington's (1988) description of the values of highly religious individuals, who emphasize, in every area of their lives, the importance of scriptural doctrine, the power of religious leaders, and the influence of religious group norms.

We also examined participants' expectations of the counselor's attitude toward religion. Scores on the BAE indicated that conservative Christians expected either counselor to respect their religious autonomy ($M = 6.26$), accept clients' religious beliefs and practices ($M = 5.53$), and display a supportive attitude toward their religious beliefs ($M = 5.08$). This finding is similar to that of Belaire and Young (2002), who found that both moderate and conservative Christians expected even a non-Christian counselor to have a positive attitude toward religion and be accepting of religious beliefs. Furthermore, this finding is consistent with research that has consistently shown that counselors should be sensitive to the spiritual and religious concerns and beliefs of clients (Beutler et al., 1986; Bishop, 1992; Ingersol, 1994; Worthington et al., 1988).

It has been suggested that conservative Christians are less likely to attend counseling unless they are sure the counselor shares their religious orientation (Worthington, 1988). It is interesting that the current study did not support this argument. In fact, comparisons of conservative Christians' scores on the EAC-B revealed no differences in overall expectations of counseling when they considered the possibility of working with either a Christian counselor or with a counselor whose religious beliefs were unknown. Participants reported positive overall expectations of counseling with either counselor. Participants' scores suggest that they had similar expectations of (a) what would happen throughout the counsel-

ing process, (b) their roles as clients, and c) the role of the counselor (see Table 2). This result is consistent with some previous research (e.g., Belaire & Young, 2002; Godwin & Crouch, 1989; Pecnik & Epperson, 1985) and inconsistent with other findings (e.g., Bergin, 1980; Keating & Fretz, 1990; King, 1978). The finding of no difference in overall expectations of counseling is particularly interesting because some researchers have suggested that conservative Christians have distinctly negative expectations for the counseling process when the counselor does not share their religious values. Furthermore, it has been argued that it is these negative expectations that cause them to avoid counseling (King, 1978; Worthington & Scott, 1983).

Our study was designed to address Keating and Fretz's (1990) call for studies of expectations that used nonstudent samples and that obtained data on a wider age range of adults. Both Guinee and Tracey (1997) and Keating and Fretz suggested that the young age of respondents in their studies may have contributed to differences in expectations of counseling among highly religious respondents. Subsequently, the participants in the current study were drawn from a population of conservative Christian adults with a broad range of ages, resulting in a mean age for the sample of 49 years. It was expected that this sample of older adults might yield more negative expectations of counseling; however, it is noteworthy that the results did not confirm this expectation.

In light of the above findings that conservative Christians expect tolerance of their conservative religious views and integration of religious behaviors into the counseling process regardless of their knowledge of the counselor's religious beliefs, it is interesting to note that respondents overwhelmingly preferred to see a Christian counselor (95% [$n = 114$] either agreed or strongly agreed). An idea for future research might be to investigate whether the attitude of conservative Christians is, in fact, "Why take a chance on a counselor whose religious beliefs are unknown to me when I know that what I want from counseling is respect for and integration of my religious beliefs and practices into the process?" This attitude is consistent with Worthington's (1988) argument that because the values of highly religious persons permeate all areas of their lives, these individuals will communicate most effectively with someone who shares (or is knowledgeable of and open to) a conservative religious perspective.

Even though participants strongly preferred working with a Christian counselor, they tended not to expect either counselor to self-disclose his or her own religious beliefs ($M = 2.91$), raising the question about what significance conservative Christians place on the similarity in religious background between themselves and a counselor. This finding is in contrast to the results found by Belaire and Young (2002) and to the research on self-disclosure, which suggest that, in general, clients value self-disclosure by counselors (E. G. Goldstein, 1994; Hill, 1992). Furthermore, 98% ($n = 115$) of the respondents agreed or strongly agreed that their religious beliefs and values affected their daily decision making. Therefore, taken in conjunction with the preference for a Christian counselor, respondents may be expressing the belief indicated by H. E. A. Tinsley and Harris (1976) that although Christians have positive expectations of counseling, they are skeptical about counseling's effectiveness in their own lives.

The current study has limitations. Although all denominations sampled were theologically conservative, the sample represents only a portion of the total group

of conservative Christians, thus limiting the generalizability of the results. The independent and more charismatic denominations were less willing to participate in the research study (i.e., did not return phone calls or declined to participate, giving little or no explanation). Therefore, the findings of this study are best generalized to conservative Christian members of the denominations sampled (i.e., Baptist, Church of Christ, Church of God, and Pentecostal). In addition, the sample consisted almost exclusively of Caucasian and African American respondents, thus limiting the generalizability to other ethnic groups. Furthermore, because we used an analogue research design, it is unknown how conservative Christians who are experiencing true psychological distress would behave in terms of expectations of an actual counselor.

Implications for Counseling Practice

Even in light of these limitations, several implications for clinical practice can be highlighted. First, it is important that counselors gather information at the beginning of counseling about their clients' religious beliefs. If at intake clients are identified who hold conservative Christian beliefs, counselors can explore the clients' expectations early in the counseling process in order to negotiate the inclusion of religious behaviors and to shape realistic expectations of counseling. Because it is likely that some counselors may not be comfortable working with conservative Christians who desire religious behaviors in counseling sessions, early detection of such expectations and an appropriate referral could avoid a negative counseling outcome. For these counselors, it is important that a referral network be developed of other mental health professionals who are licensed yet who also hold or are respectful of the conservative Christian worldview. Networking with members and clergy of conservative Christian churches is a starting point for identifying these mental health practitioners. Second, on the basis of the current findings, counselors should not assume that their conservative Christian clients necessarily hold negative expectations of the counseling process. Instead, counselors should work from the perspective that the client has favorable expectations and may prefer that religious behaviors be included as part of counseling even if the counselor does not share the same religious and spiritual orientation of the client. If the counselor finds this expectation problematic, it may be advisable to explore with the client if he or she prefers to work with a counselor who is Christian. Third, to understand the client's concerns, counselors should assess how the client's religious values and beliefs affect his or her daily life and decision making and how these religious values and beliefs are related to issues that bring him or her to counseling.

Furthermore, counselors should be prepared to communicate an attitude of acceptance of the client's conservative Christian perspective as a valid religious orientation, even if the counselor does not share that perspective. The operational guidelines for multicultural counseling outlined by Arredondo, Toporek, Brown, and Jones (1996) provide an appropriate framework for counselors to consider when working with such clients if they do not share a conservative religious perspective. An individual's religion is a "B Dimension" component of a client's personal identity (i.e., an aspect of identity that is not knowable simply by observation). Therefore, such aspects are a potential point of connection between a counselor and client

if the counselor has had experiences that are similar to the client's. However, because these dimensions are also an area of potential conflict, counselors must examine their own cultural biases regarding the conservative Christian perspective. Finally, counselors must work diligently to recognize their judgments regarding a conservative Christian worldview and acknowledge their limitations in working within this belief system to bring about change. Given that counselors "affirm spirituality more extensively than religion expressed as an affiliation with organized religions" (Kelly, 1995, p. 37), this may be no small task.

Conclusion

The purpose of this study was to examine possible differences in expectations of counseling when conservative Christians considered the possibility of working with a Christian counselor or when they considered working with a counselor whose religious beliefs were unknown to them. The results provided no support for the idea that conservative Christians have different expectations for counseling based on knowledge of the religious beliefs of the counselor. Although it is not appropriate to draw conclusions from a single study, it appears that conservative Christians may expect any counselor with whom they work to display attitudes that support the client's religious beliefs and to integrate some religious behaviors into the counseling session. Although this finding does not allow for the conclusion that the religious orientation of mental health care providers is of no importance to conservative Christians, it does raise the question about what role the counselor's religious orientation plays in successful counseling with these individuals. To further clarify this question, future research with clinical populations of conservative Christians who are experiencing true psychological distress and life crisis is needed.

Another possibility for future research is a qualitative approach. Previous research on Christians' expectations of counseling has primarily been quantitative in nature and has produced mixed results and, therefore, may not be evaluating the primary factors related to expectations of counseling. A qualitative approach that would directly ask clients about what factors would have an impact on their seeking mental health treatment may more clearly illuminate factors that facilitate or impede this process.

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